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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Rodgers
Title	Queueing System ...
Art Unit	
Examiner Name	
Attorney Docket Number	04-0556

I hereby appoint:

☒ Practitioners associated with the Customer Number:

24819

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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<input type="checkbox"/> Firm or Individual Name
Address
Address
City
Country
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State

Zip

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/04)

SIGNATURE OF Applicant or Assignee of Record (If assignee, put name, title and company name in the "Name" space below)

Name	Arthur G. Rodgers
Signature	<i>Arthur G. Rodgers</i>
Date	8-2-04
Telephone	970-218-1230

NOTE: Signatures of all the inventor or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.51 and 1.56. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY  
 and  
 CORRESPONDENCE ADDRESS  
 INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Patent
Title	Operating System
Art Unit	
Examiner Name	
Attorney Docket Number	04-0550

I hereby grant:

☒ Full authority associated with the Customer Number:

24310

OR

☐ Proposition(s) named below:

Name	Registration Number

to my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office concerning the above.

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OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 2.71. Statement under 37 CFR 3.73(a) is enclosed. (Form PTO/SB/41)

SIGNATURE of Applicant or Assignee of Record (If assigned, put name, title and company name in the "Name" space below)

Name	Mark A. Graham		
Signature	<i>Mark A. Graham</i>		
Date	July 22, 2004	Telephone	(970) 205-5542

NOTICE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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